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SUBJECT: THE AMBASSADOR'S DECEMBER 15-16 VISIT TO HCMC AND BINH DUONG PROVINCE: THE FIGHT AGAINST HIV/AIDS

1. (SBU) Summary: The Ambassador's December 15 and 16 visits to one of HCMC's 21 drug rehabilitation centers and a local HIV testing and ARV treatment center highlighted the challenges facing the city in planning for the upcoming release of some of the centers' 30,000 residents, many of whom are HIV positive. Despite two years of vocational training, many rehabilitation center residents appear to lack the skills needed to compete in the general marketplace. Although they technically qualify for discharge after four years of treatment, city officials will not let them go without a guarantee of a stable post-release environment. As an expedient, they plan to house and employ some rehabilitation center graduates in a government-owned industrial park. The city's HIV/AIDS community outreach and testing programs also need strengthening and do not appear ready to cope with the challenge of integrating large numbers of HIV positive, former drug users into the community. The Ambassador pushed for intensified HIV/AIDS education for workers in meetings with managers of two U.S.-owned companies operating in the neighboring province of Binh Duong and with the provincial government. End Summary.

2. (U) The Ambassador, accompanied by ConOff and CDCOff, visited a PEPFAR-funded antiretroviral clinic located in one of Ho Chi Minh City's poorest districts as well one of HCMC's 21 "05/06 Centers" -- rehabilitation centers for drug users and prostitutes -- during a visit to HCMC December 15-16. The Ambassador also traveled to neighboring Binh Duong Province, where he raised the need to combat HIV/AIDS in meetings with the provincial People's Committee and managers of two American-owned factories: Stickley International, Ltd. and Spartronics Vietnam Co., Ltd.

ARV Clinic Visit

3. (SBU) Officials from HCMC's District 4 Department of Health (DOH) told the Ambassador that the "Public Consulting and Assistance Center" -- the district's HIV/AIDS outpatient treatment and testing center -- opened in 1998. It operated using funds from the HCMC Provincial AIDS Committee (HCMC PAC) until it began receiving PEPFAR funds this year. Current operational and staffing budgets are primarily covered by PEPFAR funds provided to supplement the HCMC PAC's health budgets for the city's 24 districts. DOH officials stated they see the U.S. support as a starting point and are hoping to receive more funds to expand their operations. (Note: DOH officials said the center is receiving approximately \$31,500 in PEPFAR funds for its current four-month contract. End Note.) The Ambassador reminded the DOH officials that PEPFAR funds are meant to be used to supplement local efforts and to put prevention, treatment and care systems in place, not to pay for 100 percent of the costs of treating AIDS patients.

4. (SBU) DOH officials said the center has 228 registered patients: 45 receiving anti-retrovirals (ARVs), 56 patients waiting for ARVs to become available and 130 receiving opportunistic infection drugs and other treatment. Additionally, the center has approximately 100 voluntary counseling and testing (VCT) clients each month, with 40 to 55 percent testing positive. Some 51 percent of the clinic's HIV-positive VCT patients became infected through intravenous drug use; 36 percent claim not to know how they were infected. Officials professed that over 90 percent of HIV-positive VCT clients return for treatment after diagnosis. The center has 16 full-time peer educators in the community encouraging people to come to the center to get tested; however, most of the VCT clients who come in do so because they are already sick, acknowledged DOH officials.

5. (SBU) The Ambassador observed, and DOH officials agreed, that the center is not drawing enough clients in for voluntary counseling and testing, despite the district having an HIV prevalence rate double that of the city average. The officials also admitted they have not changed the public's perception that the HIV/AIDS epidemic affects only drug users and sex workers. DOH officials acknowledged that the district's HIV prevalence rate is approximately one percent compared to half a percent for the rest of HCMC.

6. (U) The DOH officials requested more detailed training on treating patients and counseling people with HIV/AIDS and suggested that the Center's staff could benefit greatly from meetings with colleagues dealing with similar cases. Both DOH

and HCMC PAC officials claimed that drug use in HCMC is under control because most users have been sent to rehabilitation/detention centers.

05/06 Center Unable To Care For HIV-Positive Residents

17. (SBU) Officials at the Nhi Xuan Education, Vocational Training and Job Placement Center told the Ambassador that at least 1,500 of the 2,100 residents are almost finished with a 4-year rehabilitation program. Leaders of the HCMC Voluntary Youth Force (VYF), which runs the facility, said that intake has slowed in the past year as most of HCMC's drug users have been admitted into the 05/06 centers. They also admitted that this center is full beyond its 2,000-person capacity. The Center's directors told the Ambassador that they need technical HIV/AIDS assistance to provide testing and care for the residents. The facility does not have sufficient trained personnel, facilities, drugs or funds to care for its HIV-positive population. Currently, a resident is tested for HIV only if (1) he/she requests it and pays the 90,000 VND fee; (2) has a mandatory test due to a suspected AIDS-related illness; or (3) the resident's family requests and pays for the test. If the family requests the test, the Center will not disclose to the resident the result of the test unless the family instructs it to do so. To date, the Center has tested 1,200 inmates and more than 700 have tested positive. The Center would like to provide wide-scale voluntary counseling and testing but does not have the capability.

18. (SBU) Currently, the Center's medical clinic has 100 AIDS patients who are too sick to be in the general population but are not yet sick enough to send to the hospital. What drugs these patients receive are provided by the GVN or by the patients' families. The Center's medical staff noted that only ten percent of patients are receiving the medicine they need. The clinic has an additional 69 tuberculosis patients kept in a separate ward in three crowded rooms (with a listed maximum capacity of 60).

Treatment and Possible Release

19. (SBU) The 05/06 Center treatment program consists of two phases: two years of rehabilitation and detoxification followed by two years of vocational training. After completion of the four-year program, the residents technically are eligible for release. Nhi Xuan officials told the Ambassador that they hope to release 99 residents before Christmas, 143 before Tet (end of January 2006) and 200 shortly thereafter. However, to be eligible for release, in addition to completing the four-year program, the residents also must meet other "conditions," which include proof of an outside job or enrollment in an education program and consent of the family and the community to accept the rehabilitated addict. Thus far, only 20 residents have met the Center's criteria for being allowed to return home. Center officials admitted that sending residents home was not their "first preference."

110. (SBU) VYF officials said that graduates who do not meet the criteria for release into the community will be assigned work in the factories at the rehabilitation center or at an adjacent, city-owned industrial zone. Graduates will be given free housing "equivalent" to that provided for workers in commercial industrial parks. They also would enjoy "80 percent of the freedom" that other industrial zone workers normally enjoy. However, graduates would not be allowed to leave the compound at night except on weekends and holidays. The Center would offer additional counseling programs to the graduates at night. Graduates would be required to pay for their meals, but would be housed free-of-charge.

111. (SBU) During a brief visit to a garment factory located next to the Center, the Ambassador was told by the factory owner that Center residents working there, on average, only earn half the normal salary for a factory worker. The Center's director justified the lower pay, arguing that -- on a per unit basis -- the residents' pay was equivalent to workers at other factories; residents' productivity is lower because of poor health and because, as apprentices, they still needed to hone their skills. The Ambassador noted that issues of the residents' pay at the factories and their continued detention past the completion of the four-year program would need to be examined in more detail as the USG considers establishing a PEPFAR program to address the HIV/AIDS needs of 05/06 Center residents. He also encouraged officials to explore the use of methadone substitution therapy to complement and support ongoing rehabilitation efforts.

112. (SBU) A decision on how to handle the bulk of the Nhi Xuan Center's 1,500 residents eligible for release would be made only after the results of the "pilot release" were assessed, the officials told the Ambassador. Another contact at the VYF subsequently told us that it plans to release 1,600 residents from the VYF-run centers in HCMC by the end of March 2006, and that the city plans to release over 3,000 from all its 05/06

centers during the same period. How many of these individuals will be free to resume their lives in their communities is still unclear.

Binh Duong

13. (U) Nguyen Hoang Son, Chairman of the Binh Duong People's Committee, told the Ambassador that HIV/AIDS is a problem only in Vietnam's large cities and thus is not a serious issue for his province. However, the Chairman noted children of all ages and in all locations should be educated about HIV and AIDS. All the province's high schools and colleges have HIV prevention courses. The Ambassador suggested that the provincial government could require major employers in Binh Duong to provide seminars on HIV/AIDS to their employees at least once a year.

14. (U) Officials from two American factories in the province, Stickley International, Ltd. and Spartronics Vietnam Co., Ltd., stated that they currently provide their employees with the minimum health care required by the GVN. The Ambassador urged the directors of both factories to create HIV/AIDS awareness programs for their workers, particularly as both companies are rapidly expanding and are drawing more heavily from the influx of migrant workers to the province. Both directors expressed interest in launching such a program in 2006.

15. (SBU) Comment: HCMC is on the horns of a dilemma. A substantial portion of the city's 30,000 05/06 residents will be eligible for release in the coming year. City managers are concerned over the implications of the release into the community of a large cohort of "rehabilitated" drug addicts, at least half of whom are believed to be HIV positive. One official explained that community reintegration is particularly complicated as many from this cohort are family outcasts, come from broken homes, or were migrants to HCMC from other provinces and have no local support network. On the other hand, many local officials were uncomfortable with holding an 05/06 resident beyond the scheduled release date. Nhi Xuan's plan to create a post-release work and living environment for its graduates is one example of how city planners are struggling to find a solution to this problem.

16. (SBU) Comment, continued: If the Nhi Xuan Center is any indication, HCMC is ill-prepared to manage the return of thousands of HIV positive, "rehabilitated" drug addicts to the community. Despite up to two years of vocational training, Nhi Xuan's residents appeared unable to compete in the marketplace, or at the very least, would still require additional on-the-job training to be employable. Similarly, the results at the ARV Center demonstrate that community outreach and education efforts need to be strengthened to foster community reintegration of rehabilitation center residents, reduce the stigma attached to HIV/AIDS and encourage HIV testing as a strong prevention and control message. Finally, U.S. companies operating in Vietnam should be encouraged to hold seminars and implement workforce prevention programs to educate their workforces on HIV/AIDS prevention and treatment. End Comment.

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